

Hupp (J. C.)
REPORT OF CASES

OF

PHYMOSIS

AND

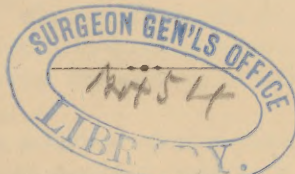
ADHERENT PREPUCE.

BY

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PHYSICS

ADHERENT PAPER

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MADE IN U.S.A.

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CASES

OF

PHYMOSIS AND ADHERENT PREPUCE.

BY JOHN C. HUPP, M.D., OF WHEELING.

How is sympathetic pain produced? How does it happen, that the whole fabric of the nervous system may sympathize with an affection of a particular nerve, as in traumatic tetanus? How can the peculiar irritation, excited by a foreign body remaining lodged in the flesh, produce convulsive twitches of the muscles and general convulsions? How does the general nervous system become involved in convulsions by the irritation of an adherent prepuce? Pathologists have as yet, I believe, failed to answer these and similar questions.

On the subject of peripheral irritation, Dr. Lewis A. Sayre has recently aroused and directed the attention of the medical public to some of the consequences following adherent prepuce. It is not the normal *agglutination* of the prepuce to the glans, but an entirely different character of adhesion, described as "an absolute adhesion of tissue to tissue" where "the glans and prepuce become consolidated into one mass," which produces the disastrous results. The adhesions I have met with, however, were not thus consolidated, but were quite firm, requiring decided force to strip the mucous membrane from the glans.

It seems that these adhesions occasion constant, persistent irritation, and this being long continued, produces a peculiar characteristic condition of the nervous system, the exact pathology of which is as yet unknown. The effect of this constant irritation of the glans is to produce great restlessness and fretfulness, loss of sleep, "loss of controlling power over the muscles" and convulsions, with "inability to speak correctly, and, at length, inability to walk."

These facts, now being overwhelmingly substantiated by the highest hygienic authorities the land over, have been patent to the reading portion of the profession for only a very few years. Dr. Sayre himself only met with it in 1870 for the first time, and he alleges that no author except himself has ever even referred to the subject.

Adherent prepuce may be met with either alone or accompanied with a too short frænum, a phymosis or a deposit of excretion behind the glans. All of these troubles, however, may be met with in the same case. Adherent prepuce is the usual accompaniment of phymosis.

A small preputial orifice, in a case free from abnormal adhesions may indirectly prevent a deposit of excretion. If the preputial orifice be less than that of the urethra, the egress of urine cannot be as rapid from the former as from the latter, consequently, in every effort at micturition, the urine is forced backward under the foreskin, and when it escapes may carry with it the excretion. But I have seen the preputial orifice blocked up, and the foreskin (child's) distended to the size of a pigeon's egg with this softened and semi-dissolved accumulation. These conditions existing, seriously interfere with the egress of the urine, and give rise to distressing and protracted urinary tenesmus. Persistent priapism is induced and kept up at the same time by the irritation of the glans.

Among the direct untoward results of these repeated and protracted paroxysms of urinary tenesmus and priapism, a prolapsed rectum and hernia may be enumerated. Likewise, an enfeebled bladder and diseased kidneys are very likely to ensue. These local affections occasion suffering, but their reflex influence on the whole fabric of the nervous system amounts to torture.

An operation for phymosis is the primary step toward putting a stop to this whole train of grievances. The swelling and turgescence subside, and the organ becomes flaccid the moment the prepuce is opened up. This, too, is the key that unlocks the approach to the difficulties of a short frænum, to an adherent prepuce, and to a deposit of excretion.

This operation may be performed by dilating the *os preputii*, by circumcision, or by splitting up the foreskin. The latter has many advantages over either of the other methods. A probe, a small grooved director, and scissors having a narrow and sharp pointed blade, are the only essential instruments in operating for phymosis. The narrow, sharp pointed blade of the scissors having entered the *os preputii*, let it pierce the prepuce on its dorsal aspect at the upper end of the intended split, and the foreskin is laid open at one sweep.

To avoid the conversion of a phymosis into a paraphymosis, the skin and mucous membrane of the prepuce should be split up to a point *beyond* the space behind the corona glandis. Lateral traction on the membrane by an assistant, materially aids the operator in separating the adhesions. These usually may be promptly broken up by the scalpel handle, but the point of a knitting-needle or non-flexible probe is more appropriate. The Hebrew *Mohel*, (circumciser) when administering the holy rite of circumcision, does not employ sutures; but in this operation they should be used, to keep together the mucous membrane and skin, and to facilitate cicatrization. With light water dressings, cicatrization usually is kind and prompt.

The following non-selected cases, occurring in my practice within the three months last past, will now be given, illustrative of the advantages of operative interference. They are given in the order in which they came under my observation, and within the time mentioned, so as to avoid making this paper more extended than would be appropriate upon this occasion.

CASE I.

February 16, 1877, W. A. S., twenty years old, tall in stature, fleshy, of sanguine temperament, called upon me on account of a preputial tumor. Patient's earliest recollections place him in the nursery, fretting with persistent priapism, which at length, as he alleges, prompted him while he was as yet "a small boy," to self abuse. This, as an alleged palliation, was practiced more or less up to the age of seventeen. About that time he noticed a hard, non-painful tumor, under the right side of the prepuce, which alarmed him and influenced him to abandon his former practices. While in the act of coition, in the winter of 1876, severe pain was experienced in this tumor, which bled for some time thereafter. This same kind of pain was always experienced under similar circumstances, but, subsequently, it was not followed with bleeding. During the summer and fall of 1876, there was occasionally a yellowish watery-like discharge from the *os preputii*, which would promptly disappear, either spontaneously, or under the use of local applications.

Inspection revealed a case of congenital phymosis, and an organ well developed. A tumor, nearly the shape and about the size of a small peanut, occupied the mucous surface of the foreskin over the right side of the glans. The induration of the tumor, as felt through the integument, suggested that it might be an oblong, hardened smegma. An operation for phymosis was advised, which was, on the 18th of February, performed by Dr. John Frissell. The foreskin

having been opened up, gave a full view of its mucous surface. Here were two open fungoid ulcers; one over each end of the tumor. The occasional discharge from the preputial orifice was now accounted for. These ulcers over a tumor of nearly stony hardness, created a suspicion of its malignancy. Every vestige, as we supposed, of the tumor and of the suspected tissue surrounding it, were carefully removed and the wound appropriately dressed. Much swelling of the parts followed the operation. Subsequently, a watery discharge escaped from the entire surface of the wound, and in a few days a sprouting fungous mass, which became daily broader and more elevated, surrounded the glans. The edge of the integument bordering the fungoid mass was warped, nodulated and hardened. Fears were now entertained that amputation would be demanded.

In the meantime, the tumor had been placed in the hands of Edmund Bocking and H. R. Hartung, microscopists, for examination. Their investigations discovered cancer cells in abundance.

That cancerous disease, in apparently healthy subjects, may, and often does follow, some trivial injury, is now generally if not universally conceded.

The repeated improper manipulations of the organ for a series of years, as happened in this case, would, doubtless, have the effect to bruise the prepuce. Indeed, in this case, the patient seemed to be conscious of having inflicted self injury. He confessed to having apprehensions that the tumor was caused by his previous "self-abuse."

Under the use of Hydrarg, Iodidi and Fowler's solution, together with inunctions of the groins with Ung. Hydrarg. and liberal applications of creosote over the fungoid mass, it gradually disappeared. To correct the unhealthy discharge from the surface of the sore, and to facilitate healthy cicatrization, the following wash, diluted more or less with water and applied by means of strips of old muslin, was used as a dressing subsequent to the applications of creosote, to-wit:

- R. Tinct. Gallæ oz. ii.
- Tinct. Myrrhæ oz. i.
- Tinct. Opii dr. v.
- Creosoti dr. i.
- Acid. Acetic. dr. ii.

M. Sig. Wash.

This wash has, for a series of years, been used by Dr. Frissell as an antiseptic and detergent dressing for cancerous surfaces, and which, in this case gave great satisfaction. Under its use, with the consti-

tutional treatment first mentioned, the surface gradually cicatrized. The constitutional treatment will, of course, be continued for some months.

CASE II.

Was summoned, March 14th, 1877, to T. J. D.'s child, aged 2 years, in convulsions. Their violence had subsided before my arrival. Found patient slightly flushed, nervous, restless, fretful and at intervals had some spasmodic jerking of the limbs. Learned that within the last few months he had had several similar attacks occurring sometimes at night. He would "struggle, throw back his head," and then would lay partially insensible for from ten minutes to half an hour. Directed an aperient and some doses of bromide of camphor. Two days afterward the child was reported doing well. The father, without, however, suspecting that it had anything to do with the child's convulsive attacks, diffidently referred to the fact that the child had frequent "spells of fretting and crying," at which times he would come saying, entreatingly, "Dick hurts, Dickie hurts," indicating that there was "something wrong down below." This fretting and crying were persisted in until the diaper was loosened, whereupon erections were invariably observed. The organ having been liberated the child seemed to get temporary relief, and the fretting and crying would gradually pass off for the time being.

This brief reference of the father, to what had been observed, called my attention at once to the true character of the case, which I am frank to acknowledge had been previously undetected. Upon this data I formed and expressed the opinion, that an operation was essential for the child's relief.

This child had been seen by other physicians on the occasions of its previous convulsive attacks, whose treatment and whose course in the case, also, had been founded upon an incorrect or faulty diagnosis.

Doubtless, many medical men, some, perhaps, present on this occasion, can "now look back to cases treated with little or no satisfaction, in which many of the characteristic symptoms were prominent, who passed from the care of one physician to another equally misled, or unled, as to the cause, until finally abandoned to helplessness and death!" To avoid results of this character, the treatment and course to be pursued in any given case, should always be based upon a careful, systematic and well digested personal examination.

Examining this case on the 18th of March, I found it to be one of adherent prepuce *without* phymosis. In the preputial orifice there was no insufficiency. The foreskin was ample, but not redundant.

Its membrane was firmly adherent to the entire surface of the excited and purplish glans, to a point within about a line of the urethral orifice. Dr. Frissell assisting, the adhesions were carefully detached, and the glans, from which there was slight bleeding, was, covered with carbolized glycerine. Subsequently, the intelligent mother had the management of the case, which promptly recovered.

CASE III.

It was on the 19th of March of 1877, that I was called to J. M. B's infant, aged five months. The child was hoarse, had some cough and was very fretful. I prescribed a diaphoretic expectorant and quarter grain doses of bromide of camphor. On the following evening I found the child still crying and restless, as on the previous day. And now learned that during the two months last past, he frequently took crying spells, lasting for an hour or two, which were most troublesome at night, and which were supposed to be the result of colic. But the present attack continuing, as it did, night and day, it was thought that it must surely be occasioned by ear ache. The restlessness and "strange motions of his head" were in evidence of this opinion. Examining the head, throat, lungs, bowels, by exclusion I arrived at the opinion that the cause of the child's trouble was lower down. By examination of the parts, my opinion was verified. The necessary means to be employed for the child's relief having been explained, I proposed to operate on the morrow. The father, with quizzical glances at the mother, jocosely remarked, that the proposed operation was a new and very unique method of relieving ear ache? But he insisted that if an operation would bring relief, (the child crying all the while) that it should be performed at once. Assisted by Dr. Frissell, the operation for phymosis and adherent prepuce, was performed the same evening by gas light. In these minor operations I have never used any anæsthetic. Directly after the operation, the child took its satisfaction of the breast, which it had not done during the previous twenty-four hours. In less than half an hour the child was enjoying a quiet sleep. It did well.

CASE IV,

Was William Henry S., aged six years; spare, pale, cachectic in appearance; appetite capricious. Saw him, November, 1875. The prepuce was greatly distended. It was tense, but without any evidence of inflammation. I had seen phymosis with many and varied complications, but this, to me, was something new. By grasping the organ and making pressure as in the act of pressing milk from the

udder there escaped from the small os preputii, like very narrow tape, the accumulation of softened excretion. The diminutive opening rendered this process of emptying the prepuce rather difficult and protracted. Inasmuch as the parents would not consent to an operation at that time, this seemed to be the only means of affording even temporary relief. At length, however, the work was accomplished. I did not see this case again until April, 1877. The excretion did not again collect. Patient continued to have erections, and great trouble in every effort at micturition. And these efforts were frequently unsuccessful—tantamount to retention. The time required to complete the act depended very much on circumstances, but was, usually, from ten minutes to half an hour. His efforts to evacuate the bladder were accompanied with severe urinary tenesmus. This provoked rectal tenesmus, and always compelled an evacuation from that direction. The urine was often passed *guttatim*, never *pleno rivo*.

The urine at times, after these unsuccessful efforts, escaped in the bed involuntarily. Nightly, he was aroused crying with priapism. "He had a queer way of walking," which was stooped, and knees partially flexed, as seen in an old man. His walk was zigzag, tottering, irregular; he fell down often; a misstep or other trifling cause sent him sprawling. An operation was imperatively called for, which was performed April 1, 1877, by Dr. Frissell. About one year and a half had elapsed since I first saw the case, and squeezed out the softened excretion, at which time there, certainly, were no adhesions. When the prepuce was opened up, we found firm adhesions all over the surface of the glans. These were carefully separated, and the frænum was cut. There was no deposit behind the glans. The various difficulties ceased at once; cicatrization was rapid. The child, now, (two months after the operation) is cheerful, retains and makes water properly, eats well, sleeps well, walks erect, and is as active and safe-footed as other children.

CASE V.

Was called April 2d, 1877, to see H. F. C., an infant, aged three months. I was informed that the child was very colicky and had hernia. When inquiring after the rupture, the erections and vibrations of an unnaturally large and phymosised organ attracted the attention. From birth this child took "spells of crying," which continued for hours. For days and nights in succession "he would be very good." Again the paroxysms of crying would continue for days and nights successively. The priapism first attracted attention when the child was about three weeks old. The paroxysms of cry-

ing and the erections were synchronous. Against the wall, in the sitting room, there was a convenient shelf, which had been prepared expressly "for the baby." This shelf contained a teaspoon and vials of all the different kinds of carminatives and soothing syrups. These were in daily and nightly demand. But the catalogue of carminatives and soothing syrups, had been exhausted in vain. The crying and priapism, accompanied with tenesmus, had developed a left scrotal hernia. Dr. Frissell assisted in operating for phymosis and adherent prepuce on the following day. The erect organ became flaccid the moment the prepuce was opened up. When the adhesions were detached, an accumulation of smegma was removed from behind the glans.

On the third day after the operation, a firm transparent deposit of lymph covered the glans and mucous membrane of the prepuce, which was stripped off at the same time the sutures were removed.

The removal of this deposit left bleeding abrasions over the glans. These under water dressings rapidly disappeared.

In answer to the inquiry: Does the child rest any better? the grandmother answered: "O, yes; he is a different child altogether; O, he's so good; he will lay and laugh and crow for hours; he wouldn't do that before *you'll bet*."

When called to a case of chorea, strabismus, or lameness in a boy, or learn that he stumbles often and falls down frequently, I am certain to suspect the prepuce.

If I were called to a reputedly colicky infant, or one that passed nights in succession crying, fretting, rolling and tumbling, and did not fully satisfy myself as to the condition of his prepuce, I should feel that I had been derelict in my duty.

Wheeling, May 1877.

